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Joseph P. Gone, Ph.D.
Harvard University

Conceptual Strategies for Remedying Suicide Among Native American Youth

Opening

- Suicide as Most Devastating Mental Health Inequity in Indian Country

- I am a Mental Health Researcher = Ideas & Inquiry

- Presentation Today

  - What do we know about Native American suicide? [Very brief]

  - How should we think about Native American suicide?

  - (What can we do about Native American suicide?) [Gesture toward…]

What Do We Know About Native Suicide?

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- Aside: Quality of Knowledge Depends on Quality of Data

- On average, rates of Native suicide are higher than for any other US ethnoracial group *(Leavitt et al., 2018)*

- In contrast to White Americans, Native suicide risk is highest among young people *(Leavitt et al., 2018)*

- There are clear gender disparities in Native suicide behaviors *(Borowsky et al., 2009)*

What Do We Know About Native Suicide?

- There are several identified risk and protective factors

  - Typical risk factors: poverty, joblessness, family disruption, violence and abuse, psychiatric distress, heavy alcohol use

  - Distinctive risk factors: social disorganization, acculturative stress, racial discrimination, contagion effects(?)

  - Protective factors: family connectedness, social support, high "cultural spiritual orientation"

What Do We Know About Native Suicide?

- ## Summary Portrait

- ## BUT:

  - ### Group statistics mask more complex realities

  - ### Characterized by tremendous diversity

    - Over Time: Reservation "cluster" suicides *(SAMHSA, 2017)*

    - Across Communities: Alaska sub-regions (1996-98) *(ANTHC, 2001)*

      - Overall IHS Area Rate: 44.5 / 100,000
      - Variation Across 9 IHS Service Units = 17.0 – 72.4 deaths / 100,000

What Do We Know About Native Suicide?

- **Difficult to Assess Significance of Findings**

  - Native suicide outcomes vary widely by sample, method, & results

  - Findings generally fail to accumulate into a coherent body of knowledge

  - Cannot explain widespread diversity or recommend tailored intervention strategies

How Should We Think About Native Suicide?

How Should We Think About Native Suicide?

- We want to know what to do about Native Youth suicide

- BUT what we do about Native youth suicide follows from how we make sense of (i.e., formulate or conceptualize) Native youth suicide

- Suicide in modern society has been largely defined as a mental health problem best left to clinical management by health care providers

- Clinical interventions in mental health settings addressed to Native youth suicide may be too little, too late to have real impact

- Native suicide might be more usefully framed as a postcolonial pathology that requires transformations in systems & settings

- Reframing away from a focus on the individual person to a focus on influential social contexts

How Should We Think About Native Suicide?

- ## Building Our Critical-Conceptual Toolkit

  - ### Introduce four key concepts for thinking critically about Native suicide

  - ### Describe four studies that have advanced our understanding of Native suicide

How Should We Think About Native Suicide?

- Four Conceptual Insights

  - Societal Influences on Suicide: Durkheim's Suicide Thesis

    - Conceptual Approach *(Durkheim, 1951)*

      - "Suicide varies inversely with the degree of integration of the social groups of which the individual forms a part." (p. 209)

      - Key Variable = Social Integration

      - Anthropologists applied thesis to Native peoples

      - High Integration = Pueblos; Med Integration = Navajos; Low Integration = Plains

      - Prediction: High integration societies should have lowest suicide rates (and vice versa)

How Should We Think About Native Suicide?

- **Four Conceptual Insights**

  - **Societal Influences on Suicide (cont)**

    - Lesson: Social organization of pre-contact Native societies may help to explain the differences in suicide rates throughout Indian Country

    - Unfortunately, empirical results from tribally based studies of Native suicide do not support this conclusion…

How Should We Think About Native Suicide?

- **Four Conceptual Insights**

  - **Societal Influences on Suicide (cont)**

    - Research Exemplar

      - May & Van Winkle (1994): Assembled the suicide data for a number of Native reservation communities

      - Determined that Durkheim's predictions hold when degree of pre-contact social integration was viewed in light of modernization/acculturation pressures as well

      - Intersection of cultural organization AND colonization history

      - Such transactional intersections account for diversity in Native suicide while still emphasizing systemic or contextual variables

How Should We Think About Native Suicide?

- Four Conceptual Insights

  - A Transactional-Ecological Problem

    - Conceptual Approach *(Felner & Felner, 1989)*

      - Long developmental pathways to maladaptation, including suicide

      - Impossible to reliably predict suicide as endpoint

      - Disease model based on pathogenic processes does not apply

      - Target broad-based antecedent conditions ("multifinality")

How Should We Think About Native Suicide?

- **Four Conceptual Insights**

  - **A Transactional-Ecological Problem (cont)**

    - Two Consequences

      - Limited roles for health professionals
      - Programs targeting much more than suicide

    - Two Implications

      - Socialization agents more central
      - Contagion effects better contained

    - Lesson: Intervention Paradox → Beyond Suicide

How Should We Think About Native Suicide?

- Four Conceptual Insights

    - A Transactional-Ecological Problem (cont)

        - Research Exemplar

            - Tingey et al. (2020): White Mountain Apache youth entrepreneurship program (Arrowhead Business Group)

            - Based on culturally congruent youth entrepreneurship education

            - Adopted a "broad-based protective-factor IV model" (p. 3)

            - Designed to increase youth motivation for: complete education, promote skills, & support youth in contributing to economic development

            - Reduced youth suicide attempts

How Should We Think About Native Suicide?

- **Four Conceptual Insights**

  - **Rejecting "Person Blame"**

    - Conceptual Approach *(Caplan & Nelson, 1973)*

      - Research on social problems usually highlights deficient intra-personal qualities over systemic qualities

      - Intra-personal qualities = poor school achievement, low interpersonal skills, anomic cultural identity, poor impulse control, mental health problems

      - Systemic qualities = poverty, unemployment, alcohol availability, access to firearms, underfunded schools

    - Person-centered problem attributions blame the victim! *(Ryan, 1976)*

How Should We Think About Native Suicide?

- **Four Conceptual Insights**

  - Rejecting "Person Blame" (cont)

    - "Person-blame interpretations are in everyone's interests except those subjected to analysis." (p. 210)

    - Native communities already shoulder burdens of stigma, marginality, and negative stereotype (e.g., the suicidal Indian)

    - Lesson: Every possible measure must be taken to maximize the causal significance of contextual factors over personal factors to avoid blaming the victim

How Should We Think About Native Suicide?

- Four Conceptual Insights

  - Rejecting "Person Blame" (cont)

    - Research Exemplar

      - Hicks (2007): Traced the historical contours of epidemic suicide among the Inuit in Alaska, Canada, and Greenland

      - Demonstrated that such epidemics arose following respective historical moments of colonization

      - Provides systemic over intra-personal explanation that avoids victim blame

How Should We Think About Native Suicide?

- **Four Conceptual Insights**

  - **Reversing Medicalization of the Social**

    - Conceptual Approach *(Conrad & Bergey, 2015)*

      - Displacement of attention:

        - From unjust and oppressive social relations in need of radical reform
        - To the difficulties of "deficient" individuals who require clinical management and attention

      - Specialized form of Person-Blame

How Should We Think About Native Suicide?

- Four Conceptual Insights

  - Reversing Medicalization (cont)

    - Conceptual Approach (cont)

      - Depredations of colonization → Clinical conundrums to be resolved

      - Cottage industry of counselors & therapists instead of radical social change

    - Lesson: Native peoples are led to think of suicide as a medical or health problem amenable to targeted clinical intervention rather than as a social legacy of unjust social arrangements in need of radical political change

How Should We Think About Native Suicide?

- Four Conceptual Insights

  - Reversing Medicalization (cont)

    - Research Exemplar

      - Chandler & LaLonde (1998): Showed that wide variability in Native community youth suicide rates was a function of six variables indexing self-determination

      - Indicators were summed (0-6) and plotted against community youth suicide rates

      - More indicators mapped on to lower community suicide rates in linear fashion

      - Highlights systemic opportunities for intervention (nation building) instead of intrapersonal ones (individual counseling)

Closing

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- Summary Observations & Future Directions

    - Native suicide findings have not accumulated over these past decades, leaving us unable to account for wide diversity

    - Suicide in modern society has been largely defined as a mental health problem best left to clinical management

    - Clinical interventions in mental health settings for Native suicide are too little, too late to substantially impact these problems

    - Reframing our conceptualization of Native youth suicide to emphasize the impacts of settings & contexts on youth development suggests opportunities for novel interventions

Closing

- For additional info (and to download my publications), please visit:

gonetowar.com